



Message from the Director of the VA Office of Rural Health

Thomas Klobucar, Ph.D. ORH Acting Executive Director

This issue of “The Rural Connection” focuses on the U.S. Department of Veterans Affairs (VA) efforts to provide innovation in service delivery options for rural Veterans, particularly in the area of rural transportation.

For many rural Veterans, getting to a health care appointment means an hours-long drive, time off work and the cost of gas or other travel expenses. In many rural areas, there are few or no public transportation options. These factors present a huge challenge for rural Veterans even before they walk into the waiting room for their appointment. The Office of Rural Health supports a variety programs that help close that gap and connect rural Veterans with VA care such as transportation, telehealth and at-home care.

One million miles driven - that's the milestone VA-funded transportation companies in Oregon just hit transporting rural Veterans to their health care appointments over the past 3 ½ years. These trips are rarely short—a roundtrip

can easily extend to more than 700 miles and drivers often encounter brutal winter weather with adverse road conditions. VA transportation programs are crucial lifelines to help rural Veterans overcome these obstacles and reach their distant health care providers. **Read more in VA-Funded Program Drove Rural Veterans More Than One Million Miles to Health Care Appointments on Page 3**

When Dr. Gilbert Teague helped to implement the VA National TeleStroke Program in South Dakota, he had no idea this program would save his own life just two months later when he suffered a stroke at home. **Read more in VA Doctor Survives Stroke with Help of VA TeleStroke Program He Helped Put in Place on Page 2**

To honor and support women Veterans welcoming new babies into their families, VA maternity care

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coordinators, the Center for Women Veterans and Women's Health Services joined together to throw a nationwide baby shower. To make sure rural women Veterans were included, one very special maternity care coordinator packed up a mini-van and headed out to rural community-based outpatient clinics (CBOC) with a traveling baby shower. **Read more in VA Nationwide Baby Shower Goes Coast-to-Coast on Page 5**

Stay tuned this year as we further explore practical, tangible and beneficial ways to increase access to care for rural Veterans and feature the rural connections to VA's top health priorities. To join our rural Veteran community, please contact ORH Communications at ORHcomms@va.gov. ♦

VA Doctor Survives Stroke with Help of VA TeleStroke Program He Helped Put in Place

By Alan Greilsamer, Program Specialist, Office of Connected Care, Veterans Health Administration

Last winter, Dr. Gilbert Teague began to work with his U.S. Department of Veterans Affairs (VA) facility's team to implement the VA National TeleStroke Program. An Army Veteran, Teague is chief of primary and specialty medicine at VA Black Hills Health Care System in Fort Meade, South Dakota.

Teague knew this innovation would improve care to many Veterans, especially in rural areas like the Black Hills, but he did not expect it to save his own life two months later. Teague suffered a stroke on January 24. He lost motor and language function the moment his stroke began, falling motionless to the floor of his home. Teague's wife called the ambulance, which transported him to the Fort Meade VA Medical Center (VAMC) where he works.



Dr. Gilbert Teague

Upon his arrival at the facility, Dr. Peter Hasby, chief of staff, immediately recognized Teague's symptoms as a stroke and called VA TeleStroke. The VA TeleStroke physician on duty, based in New Haven, Connecticut, connected to Teague and his onsite care team within minutes to examine him, review his medical history and brain imaging, and ultimately direct timely administration of the "clot-busting" medication alteplase.

"Studies show that people suffering a stroke may benefit from alteplase for up to 4½ hours following stroke onset. However, 'time is brain' and patients treated as soon as possible have the best chances for good recovery," said Dr. Glenn Graham, VA deputy national director of neurology. "This places a burden on medical centers that lack the local expertise to make rapid decisions for acute stroke patients. TeleStroke enables subspecialists at large tertiary VA medical centers to provide care to Veterans at smaller VA facilities in a timely manner."

VA's Office of Connected Care partners with VA's Office of Rural Health on the VA National TeleStroke Program to supply the mobile tablets to VA facilities throughout the country, which make remote tele-care possible.

Teague noted there are two types of strokes, and both destroy brain tissue as time passes. Ischemic strokes are caused by blood clots, while hemorrhagic strokes are caused by bleeding into the brain. The first line of treatment against an ischemic stroke, alteplase, exacerbates hemorrhagic stroke bleeding, and cannot be administered until a hemorrhagic stroke is ruled out by brain imaging. Dr. Pooia Fattahi, a remote stroke specialist, diagnosed Teague with an ischemic stroke and recommended alteplase to break up his blood clot.

Fattahi's decision to administer alteplase bought Teague time so that he could fly to the Sioux Falls VA Health Care System for additional treatment, without significant damage to brain tissue. Dr. Sharyl Martini, medical director of the VA National TeleStroke Program, said if the Fort Meade facility did not have access to remote stroke specialists via telehealth technology, it would have delayed the alteplase injection. Because each minute of delay results in the death of an additional 1.9 million brain cells, that delay might have cost Teague his opportunity to recover fully and enjoy a high quality of life.

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VA Doctor Survives Stroke with Help of VA TeleStroke Program He Helped Put in Place (continued from page 2)

“TeleStroke leads the neurology community in emergency stroke treatments,” said Katherine Murphy, program manager in VA Specialty Care Services. “Through direct employment with VA or through affiliation, specialists seek to work with innovative technology and the chance to provide optimal care to our nation’s Veterans.”

By the time Teague arrived in Sioux Falls, his blood clot had dissolved significantly, and a much smaller section of his brain was affected.

“Even though I hope no one is ever in need of TeleStroke services again, I will always be glad we implemented TeleStroke in VA Black Hills,” said Teague, who fully recovered from his stroke and returned to work at Fort Meade VAMC to provide care to Veterans.

Learn more information about VA Telehealth Services at <http://www.telehealth.va.gov/>. ♦

VA-Funded Program Drove Rural Veterans More Than One Million Miles to Health Care Appointments

By **Tyler Francke**, Community and Media Relations Coordinator, Oregon Department of Veterans Affairs

The hugely successful U.S. Department of Veterans Affairs (VA) Highly Rural Transportation Grant (HRTG) program in Oregon cleared its latest milestone this quarter; it crossed the one million-mile mark in only 3½ years. If you’re curious just how far a million miles is, that would get you to the moon and back...twice.

Funded by the VA and administered by the state, this program is a crucial lifeline to help connect Veterans who live in extremely rural areas with their closest VA health care providers and other medical needs.

The program is a state, federal and local partnership that works in conjunction with transportation providers in each of the state’s 10 “highly rural” counties (fewer than seven residents per square mile): Baker, Gilliam, Grant, Lake, Harney, Malheur, Morrow, Sherman, Wallowa and Wheeler.



Oregon's Grant County Transportation facility.
Photo courtesy of Grant County.

The local partners’ help is vital to tailor grant funding to the needs of the rural Veterans they serve. These rural Veterans often do not have adequate access to medical care in their communities.

Connie Guentert, Wallowa County manager for Community Connection of Northeast Oregon Inc., knows these challenges better than most. Community Connection is the Oregon Department of Veterans’ Affairs (ODVA) partner agency for the Highly Rural Transportation Grant Program in both Wallowa and Baker counties, and Guentert and her dedicated staff grapple with the difficulty to serve highly rural Veterans and other clients every day.

“We’re very remote out here,” Guentert said. “We have very large land expanses, minimal medical facilities, and the only public transportation in the county is us. Our drivers face long winters, adverse weather and road conditions, rock slides, deer, elk, even bears on the road.”

The trips are rarely short. Due to the scarcity of services, Wallowa County Veterans must travel to appointments in La Grande, Ore., Walla Walla, Wash., Boise, Idaho and even as far as Portland, Ore. or Tacoma, Wash.— a round trip of more than 700 miles.

The funding comes in the form of annual grants from VA. A maximum of \$50,000 may be awarded to any counties classified as highly rural, and since 2014, ODVA has received the

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The impact has been remarkable. Since its inception, Oregon drivers have:

- logged a total of 1,012,790 miles
- driven over 17,900 trips
- spent more than 36,800 hours on the road

The VA Office of Rural Health provides funding to the Veterans Transportation Service (VTS), which is congressionally mandated to fund the HRTG program. These external grants then deliver grant funding to Veteran Service Organizations and State Veterans Service Agencies to provide transportation services in eligible counties.



Mitch Sparks, ODVA's acting director, credits the program's success to the ingenuity of the participating counties and transportation providers, who have used the funds to enhance new and existing programs in order to get the maximum value from each grant.

"This program's success is directly due to the outstanding management of each county's transportation system and their ability to creatively transport Veterans by partnering with other transportation networks and overcoming weather, distance and other adverse circumstances," Sparks said.

The program has made a real difference to reduce the strain on state and local safety net programs that would otherwise be responsible for bridging the gaps that serve vulnerable residents in highly rural areas.

Even so, the VA grants go only so far to meet the high level of need that exists. Guentert said the grant funds last only about seven or eight months — not the full 12 for which they are intended. After that point, her organization has to begin to draw on other funds closer to home — like a biennial allotment they receive from the Oregon Department of Transportation.

"We truly appreciate the VA grant, and the Veterans love it," Guentert said. "It's just that the need is so great."

Learn about Veteran's Transportation Programs in your area at:

https://www.va.gov/healthbenefits/vtp/veterans_transportation_service.asp ♦

Regional VA Faith-based Outreach Events in July

The Center for Faith and Opportunity Initiatives (CFOI) is a staff office of the U.S. Department of Veterans Affairs (VA) charged to engage, inform and educate faith-based, nonprofit and community/neighborhood organizations on VA programs to better serve the needs of Veterans, their families, survivors, caregivers and other beneficiaries. Below are some regional faith-based outreach events taking place in July.

Event:

This outreach event is an opportunity for faith-based, nonprofit, community, neighborhood leaders and local organizations to learn about the benefits and services VA provides to Veterans, family members and eligible beneficiaries. Additionally, information will be provided to collaborate with VA at the local, regional and national levels to better assist in providing support to Veterans.

Expected Participants:

Leaders from faith-based, nonprofit and community organizations

Indianapolis, Indiana

Date & Time: Tuesday, July 24, 2018 | 8:00 a.m. - 4:00 p.m.

Location: St. Monica Catholic Church, 6131 N. Michigan Road, Indianapolis, IN 46228

Louisville, Kentucky

Date & Time: Thursday, July 26, 2018 | 8:00 a.m. - 3:00 p.m.

Location: Spirit Filled New Life Church Ministries, 4936 Hazelwood Avenue, Louisville, KY 40214 ♦

VA Nationwide Baby Shower Goes Coast-to-Coast

By **Danielle Corazza**, MBA, National Outreach Coordinator, Center for Women Veterans (CWV), Veterans Health Administration

To honor and support Veterans welcoming new babies into their families, the U.S. Department of Veterans Affairs (VA) hosted the very first “Nationwide Baby Shower for Veterans” in May 2018 at 60 VA Medical Centers across the country for more than 2,400 new Veteran parents and new Veteran parents-to-be.

Women make up approximately 10 percent of the Veteran population in the United States, and nearly half of the nation’s two million women Veterans are of reproductive age. VA offers comprehensive primary care, prenatal and preconception (pre-pregnancy) care, infertility services, maternity care services and the first seven days of newborn care.

Conceptualized by the VA maternity care coordinators and spearheaded at the national level by the Center for Women Veterans and Women’s Health Services, the celebration goal was two-pronged:

- Serve all Veterans equally regardless of location or available resources
- Create a connected, educated VA community for its newest caregivers.

This proved easier said than done in some rural areas. Thanks to the commitment of one special maternity care coordinator in Northern California, three different small sites several hours apart were surprised through her ingenious idea of a traveling baby shower.



Veterans Shawnee Wright and Autumn Gainer prepare for the VA baby shower.



VA minivan headed to rural locations in California

Heather Able, a longtime VA employee, packed up a minivan filled with gifts from the many generous donors, decorations and refreshments and took the show on the road. She drove from one community-based outpatient clinic (CBOC) to another and held three pop-up baby showers in a two-day span.

The rural participants were so excited to be included and to spend time with other pregnant Veterans in their area that the gifts were a bonus they did not anticipate. Most of the Veterans felt overwhelmed to be showered with so many gifts. Their joy and gratitude was the best possible reward for all of the labors of love that so many put into this effort.

After such an enthusiastic response, the VA team, who organized the baby showers is determined to keep the momentum going and hope to announce Nationwide Baby Shower 2019 soon.

To learn more, visit <http://www.va.gov/womenvet>, or follow them on Facebook and Twitter at @VAWomenVets. ♦

Free Provider Dementia Education Curriculum from PACERS

By **Ashley McDaniel**, Education and Communications Coordinator, VISN 16 South Central Mental Illness Research, Education and Clinical Center (SC MIRECC), Veterans Health Administration

Dementia is a major public health concern that affects more than 770,000 Veterans. To provide the most up-to-date training for its workforce, the Program for Advancing Cognitive disorders Education for Rural Staff (PACERS) developed online continuing education courses for clinicians who care for Veterans with cognitive disorders to improve outcomes for Veterans and their caregivers. The PACERS program works in partnership with the VA Office of Rural Health.

Free CEU | PACERS Dementia Education Curriculum



Audience: Physicians, nurses, psychologists, social workers, physician assistants, and counselors

Modality: E-learning

Credit/hours: 1 credit/hour per course

Accreditations: ACCME, ACCME-NP, APA, ANCC, ASWB, NYSED, NBCC

VA Talent Management System (TMS) (VA providers)	VHA TRAIN (Non-VA Providers)
PACERS Course: 1: Dementia and Delirium 2: Identifying and Assessing for Dementia 3: Treating Dementia - Case Studies 4: Normal Cognitive Aging and Dementia Caregiving 5: Addressing Decision Making and Safety in Dementia 6: Dementia and Driving	PACERS Course: 1: Dementia and Delirium 2: Identifying and Assessing for Dementia 3: Treating Dementia - Case Studies 4: Normal Cognitive Aging and Dementia Caregiving 5: Addressing Decision Making and Safety in Dementia 6: Dementia and Driving

Videos

PACERS also offers dementia educational videos for providers to use for training purposes.

- [How to Address Driving and Dementia](https://www.youtube.com/watch?v=IWGwqUFHMcc) (<https://www.youtube.com/watch?v=IWGwqUFHMcc>)
- [How to Have an End of Life Discussion](https://www.youtube.com/watch?v=JtkgTzCSzqk) (<https://www.youtube.com/watch?v=JtkgTzCSzqk>)
- [How to Deliver the Diagnosis of Alzheimer's Disease](https://www.youtube.com/watch?v=As9K8Ta1DQ0) (<https://www.youtube.com/watch?v=As9K8Ta1DQ0>)
- [How to Identify Self-Neglect](https://www.youtube.com/watch?v=q3a7DIOjgYc) (<https://www.youtube.com/watch?v=q3a7DIOjgYc>)

To get more information on this program or to attend the classes, visit <https://www.mirecc.va.gov/visn16/pacers.asp>. ♦

The TeleSleep Program Helps Rural Veterans with Sleep Apnea

By **Kathleen Sarmiento, MD MPH**, National Lead, VA TeleSleep Program and **Jill Reichert**, VA TeleSleep Program Manager, Veterans Health Administration

The U.S. Department of Veterans Affairs (VA) TeleSleep Program supports partnerships between VA medical centers and community-based outpatient clinics (CBOC) to expand access to sleep care through hub-spoke models. The TeleSleep Program also pilots new innovations, including the Veteran Appointment Request (VAR) application for sleep scheduling, and the web-application REVAMP (Remote Veteran Apnea Management Platform).

Patients receive care through a variety of telemedicine modalities:

- Video teleconferencing
- Telephone clinics
- In-home on demand video visits
- Store and Forward of wireless Positive Airway Pressure (PAP) device data
- Remote Veteran Apnea Management Platform (REVAMP)
- Site visits to rural clinics for in-person care

The primary goal of TeleSleep is to improve access to sleep care for Veterans in rural areas. As an Enterprise-Wide Initiative, another goal is to develop and implement the infrastructure needed for sustained growth of Sleep Telemedicine at all VA Medical Centers. This includes provision of a TeleSleep Operations Supplement and educational call series on setting up the telemedicine services listed above.



The Office of Rural Health (ORH) partners with the TeleSleep program to expand sleep services to rural Veterans. In the past two years, TeleSleep received more than \$13 million from ORH, which includes \$6 million committed to purchase sleep testing recorders.

For more information on the TeleSleep program, contact the TeleSleep Team at Telesleep@va.gov. ♦

ORH Website Refresh Updates

By **Taylor Starkman**, Office of Rural Health, Veterans Health Administration

To increase rural Veterans' access to care, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) team relies on its clinical innovators in its Veterans Rural Health Resource Centers (VRHRC), as well as the skills of its GeoSpatial Outcomes experts and local Veterans Integrated Service Networks' (VISN) Rural Consultants (VRC). The combination of critical care and research with local advocates enables VA to improve rural Veterans' health and well-being.

ORH recently launched new web pages in the About Us section to highlight the work and contact information of these groups.

VRHRC

The VRHRC page highlights the Centers' key functions, which includes studies, innovations, and Rural Promising Practices dissemination and technical assistance.

<https://www.ruralhealth.va.gov/aboutus/vrhc.asp>



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VISN Rural Consultant

The new VRC page offers a PDF with VRC contact information, as well as a link to the VISN map to find your local point of contact. It also highlights VRCs' main roles and responsibilities, such as advising ORH on matters that affect rural Veterans. <https://www.ruralhealth.va.gov/aboutus/vrc.asp>

In addition to the new pages, ORH revamped its existing [Enterprise-Wide Initiatives](https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp) (https://www.ruralhealth.va.gov/providers/Enterprise_Wide_Initiatives.asp) and [Rural Promising Practices](https://www.ruralhealth.va.gov/providers/promising_practices.asp) (https://www.ruralhealth.va.gov/providers/promising_practices.asp) pages for an improved user experience. Visitors can now access descriptions on each of the initiatives within its broader category (e.g., mental health, primary care, specialty care, care coordination, health IT modernization, research, innovation, and workforce training and education)

Visit the [ORH website](http://www.ruralhealth.va.gov) (<http://www.ruralhealth.va.gov>) to learn more about the Office of Rural Health. ♦

**Explore VA Helps Veterans One Day at a Time**

By **Bronwyn Emmet**, Outreach Program Manager, National Veterans Outreach Office, Department of Veterans Affairs



Like all life changes, coming home from deployment is full of ups and downs. VA benefits and services can aid in the transition. [Explore.VA.gov](https://explore.va.gov/) (<https://explore.va.gov/>) offers basic information on VA benefits for Veterans and their families and connects you to the right place to submit an online application for each benefit.

The site includes a [Benefits Navigator tool](https://explore.va.gov/benefits-navigator) (<https://explore.va.gov/benefits-navigator>) which, after the completion of a 20-minute questionnaire, lists the benefits and services a Veteran or family member might be eligible to receive.

“VA has understood that I needed things I didn’t even realize I needed,” says Karla, an Air Force Veteran.

VA offers an array of helpful benefits to Veterans and family members, which include assistance to earn a degree, start a career, maintain health, buy a home and more.

“I always encourage people to go to VA. I always encourage people to try it,” says Natasha, an Army Veteran. “If they’re telling you: listen we’re going to make sure you have everything you need to succeed in life, why not take advantage of it?”

In addition to providing benefit information and application assistance, [ExploreVA](https://explore.va.gov/) (<https://explore.va.gov/>) also includes resources for supporters, such as an [outreach portal](https://explore.va.gov/outreach-materials) (<https://explore.va.gov/outreach-materials>) to download and share materials about VA benefits and a [social sharing portal](https://explore.va.gov/outreach-sharing) (<https://explore.va.gov/outreach-sharing>) that allows one click social media sharing.

Visit [Explore.VA.gov](https://explore.va.gov/) (<https://explore.va.gov/>) to learn more and access quick resources about VA benefits. ♦



Karla, Air Force Veteran

Explore.VA.gov

Secretary's Rural Health Advisory Committee Explores Biloxi Services

By Emily Oehler, Office of Rural Health, Veterans Health Administration

As part of the Veterans Rural Health Advisory Committee's (VRHAC) ongoing efforts to better understand rural Veterans' health care experiences and provide the Secretary of Veterans Affairs with recommendations, the Committee spent two days at the Biloxi Veterans Affairs Medical Center in Mississippi. The Committee listened to and spoke with Veterans, caregivers, medical providers and hospital administrators, as well as visited the Tele-intensive Care Unit and Blind Rehabilitation Center. Meeting topics included rural health care delivery innovations, rural workforce recruitment challenges, MISSION Act, whole health team approach to the opioid crisis and suicide prevention. Members also heard from the Veteran Integrated Service Network Director, Gulf Coast Veterans Health Care System Director, Mississippi Veterans Affairs Board and the Mississippi Rural Health Association.

To better understand the U.S. Department of Veterans Affairs and U.S. Department of the Army patient sharing agreement, VRHAC visited Keesler Air Force Base's oncology and cardiac centers. Through this partnership:

- Two-thirds of Keelsler's cardiac patients are enrolled in the VA health care system
- Participation in national oncology clinical trials is possible due to the combined, larger patient base

The [VRHAC meeting notes](https://www.ruralhealth.va.gov/aboutus/vrhac.asp) (<https://www.ruralhealth.va.gov/aboutus/vrhac.asp>) are posted on the Office of Rural Health's website. ♦



Sleep Study for Persian Gulf War Veterans

Are you a Persian Gulf War Veteran, deployed from 1990-91? Do you have trouble falling/staying sleeping? Do you have Gulf War Illness (GWI) symptoms? If so, you may be eligible for a non-medication insomnia treatment study for improving sleep and managing GWI symptoms. This therapy is Cognitive Behavior Therapy for Insomnia delivered to you by telephone from trained therapists.



Are you a
Gulf War Veteran?



What is the sleep treatment?

Cognitive Behavioral Therapy for Insomnia (CBTi) is an approved method for treating insomnia without sleeping pills. Its goal is to improve sleep by changing sleep habits and misconceptions about sleep and insomnia.

Does CBTi work?

CBTi is one of the most studied and effective treatments. It has shown to be very effective in improving sleep and in helping people sleep longer. Research has shown CBTi to be at least as effective as sleep medications for insomnia in short term, and is usually more effective in the long-term.

Why is VA doing the study?

Clinical research suggests that sleep quality affects pain, fatigue, mood, cognition, and daily functioning. The U.S. Department of Veterans Affairs (VA) would like to find out if helping Veterans with GWI to sleep better will also alleviate their other GWI symptoms.

What does the study involve?

This study will involve a clinical screening interview to determine eligibility, self-report questionnaires, eight weekly CBTi sessions by phone, and keeping track of your sleep/wake routine and habits in a sleep diary.

What is the compensation?

Receive treatment for insomnia and up to \$355 compensation.

Do I need to go to the study location?

You can participate in the study from anywhere because of telephone interventions and mail-in assessments.

Who can participate?

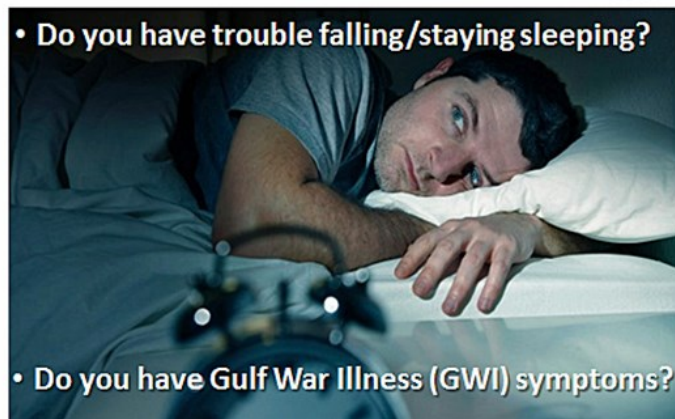
Persian Gulf War Veterans who were deployed from 1990-1991 in the Gulf and meet ALL of the following criteria:

- U.S. military Gulf War Veteran deployed in the Gulf from 1990-1991
- Trouble falling/staying asleep
- Have Gulf War Illness symptoms

How do I find out more?

Call Kara at 415-221-4810, x24602

Kara.dolar@va.gov. ♦



www.ruralhealth.va.gov

VA Office of Rural Health

"The Rural Connection" is a quarterly publication of the U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH). As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide initiatives through partnerships.

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